

APPLICATION FOR ENDORSEMENTS *OR* ENDORSEMENT PLAN (SAEP) Marketing Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address			City	State
			Zip	Work Phone ()
E-mail Address				Home Phone ()
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching Check your current Educator License area: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career and Technical <input type="checkbox"/> CTE/APP				

Check only one	<input type="checkbox"/> I am requesting the Marketing endorsement indicated. The coursework has been completed and the appropriate documentation is attached. An endorsement evaluation fee of *\$40.00 is enclosed. OR <input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the Marketing endorsement indicated. Course requirements will be completed within the timeframe identified in the plan. An endorsement evaluation fee of *\$40.00, paid by my School District , is enclosed.
-----------------------	---

Marketing Endorsement(s) For Which You Are Applying:	
<input type="checkbox"/> Marketing (Career and Technical)	<input type="checkbox"/> Entrepreneurship (Career and Technical – Marketing)
<input type="checkbox"/> Economics (Career and Technical – Marketing)	<input type="checkbox"/> Other _____

Teaching Experience If additional space is required, please attach a separate sheet of paper.							
Name of School	Address	From		To		Subjects	Principal/Director
		Mo	Yr	Mo	Yr		

Education If additional space is needed, please attach a separate sheet of paper. Transcripts must be attached to verify degree and/or applicable endorsement coursework.							
Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	Mo	Yr	Mo	Yr			

Employment Record (Related to the endorsement area(s) for which you are applying – <i>(Exclude teaching experience)</i>)									
From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain Duties & Responsibilities:									
From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain Duties & Responsibilities:									

Number of years experience in Marketing related occupations		Employer evidence letters verifying your work expertise and experience <u>must</u> be submitted with this application.
---	--	---

Six semester credits selected from the following USOE sponsored conferences and inservices are required to complete the SAEP plan

Required	Attend the Marketing Summer Conference (three years possible – one credit per year)	Credits	Year	Date Completed	Credits Earned
		1			
		1			
		1			
	Attend the Marketing Fall Leadership Conference (three years possible - .5 credit per year)	Credits	Year	Date Completed	Credits Earned
		.5			
		.5			
		.5			
	Attend the UACTE Conference – Marketing Session (three years possible - .5 credit per year)	Credits	Year	Date Completed	Credits Earned
		.5			
		.5			
		.5			
	Attend any Marketing-sponsored inservice classes in endorsement related field (please list classes taken)	Credits	Name of Inservice	Date Completed	Credits Earned
		.5			
		.5			
		.5			
		.5			
.5					
.5					
Total Credits Required			Total Credits Earned		

Signature of Applicant	Date
X	
Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752 \$40.00 endorsement fee or \$40.00 SAEP fee must be included with this application (*see information on front page)	

-----**-Information below to be completed by USOE personnel-**-----

Endorsement(s) Recommended		SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved _____ work credits _____ course credits _____ total credits	
		CTE Specialist Signature _____ Date _____	
		Endorsement(s) Awarded	
		CTE Specialist Signature _____ Date _____	

Revised September 2008